

## MONTHLY OPERATING REPORT

### CHAPTER 11

CASE NAME: Prevalence Health, LLC

CASE NUMBER: 09-02016 EE For Period January 1 to January 31, 2011

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Comparative Balance Sheet (FORM 2-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Profit and Loss Statement (FORM 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cash Receipts & Disbursements Statement (FORM 2-D)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Supporting Schedules (FORM 2-E)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Narrative (FORM 2-F)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 2/14/11  
(date)

Debtor(s)\*: Prevalence Health, LLC

By:\*\* H. K. Lefoldt, Jr.

Position: Liquidating Agent

Name of preparer: H. K. Lefoldt, Jr.

Telephone No. of Preparer 601-956-2374

\* both debtors must sign if a joint petition

\*\* for corporate or partnership debtor

CASE NAME: Prevalence Health, LLC CASE NUMBER: 09-02016 EE

### QUARTERLY FEE SUMMARY

MONTH ENDED January 31, 2011

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ <u>45,675</u>			
February	\$ _____			
March	\$ _____			
Total				
1st Quarter	\$ _____	\$ _____		
April	\$ _____			
May	\$ _____			
June	\$ _____			
Total				
2nd Quarter	\$ _____	\$ _____		
July	\$ _____			
August	\$ _____			
September	\$ _____			
Total				
3rd Quarter	\$ _____	\$ _____		
October	\$ _____			
November	\$ _____			
December	\$ _____			
Total				
4th Quarter	\$ _____	\$ _____		

### DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

\* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.



Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201



00047845 01 AV 0.335 001  
PREVALENCE HEALTH LLC  
ATTN: H KENNETH LEFOLDT JR  
PO BOX 2848  
RIDGELAND MS 39158-2848

ACCOUNT # 9001277993

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**COMMERCIAL ANALYZED CHECKING**  
January 1, 2011 through January 31, 2011

**SUMMARY**

Beginning Balance	\$461,222.68	Minimum Balance	\$417,781
Deposits & Credits	\$10,685.16 +		
Withdrawals	\$23,222.62 -		
Fees	\$269.88 -		
Automatic Transfers	\$0.00 +		
Checks	\$27,039.96 -		
Ending Balance	\$421,375.38		

**DEPOSITS & CREDITS**

01/06	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949110101	4,127.20
01/12	EDS Corporation lissa/Dh 1821009333 Pre 200810340A	38.30
01/13	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949110108	993.79
01/18	Deposit - Thank You	42.05
01/19	Regions Bank Acct Trans MS364174656 Ccooley	1,689.76 *
01/20	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949110115	2,076.40
01/27	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949110122	1,717.66
Total Deposits & Credits		\$10,685.16

**WITHDRAWALS**

01/03	Merchant Service Merch Fee Health Allianc 8003547554	235.00
01/06	Pitney Bowes Postage Debtor IN Poss 42906255	200.00
01/18	Pitney Bowes Postage Debtor IN Poss 42906255	200.00
01/19	Regions Bank Acct Trans MS364174656 Ccooley	22,387.62 x
01/27	Pitney Bowes Postage Debtor IN Poss 42906255	200.00
Total Withdrawals		\$23,222.62

**FEES**

01/10	Analysis Charge	12-10	269.88
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**REGIONS****Regions Bank**Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201PREVALENCE HEALTH LLC  
ATTN: H KENNETH LEFOLDT JR  
PO BOX 2848  
RIDGELAND MS 39158-2848

ACCOUNT # 9001277993

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2 of 3**CHECKS**

Date	Check No.	Amount	Date	Check No.	Amount
01/10	61451	11,724.96	01/07	61453	4,875.00 <i>UST</i>
01/06	61452	10,440.00			
				Total Checks	\$27,039.96

\* Break In Check Number Sequence.

**DAILY BALANCE SUMMARY**

Date	Balance	Date	Balance	Date	Balance
01/03	460,987.68	01/12	437,643.34	01/20	419,857.72
01/06	454,474.88	01/13	438,637.13	01/27	421,375.38
01/07	449,599.88	01/18	438,479.18		
01/10	437,605.04	01/19	417,781.32		

**You may request account disclosures containing  
terms, fees, and rate information (if applicable)  
for your account by contacting any Regions office.**

For all your banking needs, please call 1-800-REGIONS (734-4667).  
or visit us on the Internet at [www.regions.com](http://www.regions.com).

**Thank You For Banking With Regions!**





## Easy Steps to Balance Your Account

### Checking Account

1.	Write here the amount shown on statement for <b>ENDING BALANCE</b>	\$
2.	Enter any deposits which have not been credited on this statement.	\$ +
3.	Total lines 1 & 2	\$ =
4.	Enter total from 4a (column on right side of page)	\$ -
5.	Subtract line 4 from line 3. This should be your checkbook balance.	\$ =

**4a** List any checks, payments, transfers or other withdrawals from your account that are not on this statement.

Check No.	Amount	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total Enter in Line 4 at Left	\$	

The law requires you to use "reasonable care and promptness" in examining your bank statement and any checks sent with it and to report to the Bank an unauthorized signature (i.e., a forgery), any alteration of a check, or any unauthorized endorsement. You must report any forged signatures, alterations or forged endorsements to the Bank within the time periods specified under the Deposit Agreement. If you do not do this, the Bank will not be liable to you for the losses or claims arising from the forged signatures, forged endorsements or alterations. Please see the Deposit Agreement for further explanation of your responsibilities with regard to your statement and checks. A copy of our current Deposit Agreement may be requested at any of our branch locations.

## Summary of Our Error Resolution Procedures In Case of Errors or Questions About Your Electronic Transfers

Telephone us toll-free at 1-800-444-2867

(or, if in Birmingham area, 326-5667)

or write us at

### Regions Electronic Funds Transfer Services

Post Office Box 413

Birmingham, Alabama 35201

As soon as you can, if you think your statement is wrong or if you need more information about a transfer listed on your statement. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

- (1) Tell us your name and account number.
- (2) Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

If you tell us verbally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will determine whether an error occurred within ten (10) business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or question (ninety (90) days for POS transactions or for transfers initiated outside of the United States). If we decide to do this, we will credit your account within ten (10) business days for the amount you think is in error. If, after the investigation, we determine that no bank error occurred, we will debit your account to the extent previously credited. If we ask you to put your complaint in writing and we do not receive it within ten (10) business days, we may not credit your account.

**New Accounts-** If an alleged error occurred within thirty (30) days after your first deposit to your account was made, we may have up to ninety (90) days to investigate your complaint, provided we credit your account within twenty (20) business days for the amount you think is in error. If we decide there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

FOR QUESTIONS CONCERNING THIS STATEMENT OR FOR VERIFICATION OF A PREAUTHORIZED DEPOSIT, PLEASE CALL THE PHONE NUMBER ON THE REVERSE SIDE OF THIS STATEMENT OR VISIT YOUR NEAREST REGIONS LOCATION.

ADJ - Adjustment

RI - Return Item

CR - Credit

SC - Service Charge

OD - Overdrawn

EB - Electronic Banking

NSF - Nonsufficient Funds

APY - Annual Percentage Yield

FWT - Federal Withholding Tax

\*Break in Number Sequence